



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	2100/23
Application Number	09/993,359
Filing Date	November 19, 2001
First Named Inventor	Scott D. SLOMIANY
Group Art Unit	3714
Examiner	Corbett B. Coburn

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment / Response to Restriction/Election Req. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Extension of Time Request (+duplic.) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-0930</u> . A duplicate copy of this sheet is enclosed.	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Brief (triplicate) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input checked="" type="checkbox"/> Check No. 8631 in the amount of \$500.00 for Appeal Brief <input checked="" type="checkbox"/> Check No. 8630 in the amount of \$120.00 for one month extension <input type="checkbox"/> <input type="checkbox"/>
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CALCULATION OF FEE

		Small Entity		Large Entity	
Claims After Amendment	Highest No. Previously Paid For	Rate	Add'l Fee	Rate	Add'l Fee
Total	Minus	x \$9=	0	x \$18=	
Indep.	Minus	x \$42=	0	x \$84=	
First Presentation of Multiple Dep. Claim		+\$140=	--	+\$280=	
		total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Allison M. Dudley Reg. No. 50,545 Attorneys for Applicant(s) BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date:	April 19, 2005

CERTIFICATE OF MAILING

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, under Express Label No. EV 498 080 505 US, on April 19, 2005

April 19, 2005

Signature		Date:	April 19, 2005
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